

INTRASTATE MOVEMENT OF DOMESTIC CERVIDAE

THIS CERTIFICATE IS FOR INTRASTATE TRANSPORT OF CERVIDAE SUBJECT TO THE  
CONDITIONS AND INSTRUCTIONS IN IDAHO RULES GOVERNING DOMESTIC CERVIDAE

NAME OF SELLER/OWNER				NAME OF BUYER/RECEIVER			
ADDRESS				ADDRESS			
PHONE				PHONE			
SPECIES <input type="checkbox"/> ELK <input type="checkbox"/> REINDEER <input type="checkbox"/> FALLOW DEER		VETERINARIAN'S NAME LAST TB TEST DATE OTHER TEST DATE		ORIGIN HERD CWD STATUS <input type="checkbox"/> CERTIFIED <input type="checkbox"/> 5 YEARS <input type="checkbox"/> 4 YEARS <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 1 YEAR <input type="checkbox"/> MONITORED		DESTINATION HERD CWD STATUS <input type="checkbox"/> CERTIFIED <input type="checkbox"/> 5 YEARS <input type="checkbox"/> 4 YEARS <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 1 YEAR <input type="checkbox"/> MONITORED	
PERMIT NO. _____ DATE _____				PLEASE CHECK APPLICABLE BOX: <input type="checkbox"/> "THESE CERVIDAE ORIGINATE FROM A HERD IN WHICH THEY HAVE RESIDED FOR AT LEAST ONE (1) YEAR OR INTO WHICH THEY WERE BORN AND NONE OF THE CERVIDAE IDENTIFIED ON THIS CERTIFICATE ARE FROM A CWD EXPOSED, SUSPECT, AFFECTED, SOURCE, POSITIVE, PENDING, TRACE OR ADJACENT HERD. THERE HAS BEEN NO DIAGNOSIS, SIGNS, OR EPIDEMIOLOGICAL EVIDENCE OF CWD IN THIS HERD. THE HERD OF ORIGIN HAS BEEN IN A CWD MONITORING PROGRAM FOR THE PAST YEAR ON JANUARY 1, 2002, FOR THE PAST TWO (2) YEARS ON JANUARY 1, 2003, AND FOR THE PAST THREE (3) YEARS FROM JANUARY 1, 2004, AS CERTIFIED BY THE STATE ANIMAL HEALTH OFFICIAL. RECORDS AND CAUSES OF DEATH FOR THE PAST FIVE (5) YEARS IN THIS HERD SHALL BE MADE AVAILABLE TO THE STATE ANIMAL HEALTH OFFICIAL." <input type="checkbox"/> THESE CERVIDAE ORIGINATE FROM A HERD WHICH HAS BEEN DETERMINED TO HAVE CERTIFIED CWD CERVID HERD STATUS BY THE STATE ANIMAL HEALTH OFFICIAL. RECORDS AND CAUSES OF DEATH FOR THE PAST FIVE (5) YEARS IN THIS HERD SHALL BE MADE AVAILABLE TO THE STATE ANIMAL HEALTH OFFICIAL."			
LIST TWO (2) OFFICIAL FORMS OF INDIVIDUAL IDENTIFICATION		AGE	SEX	TB TEST RESULTS	TEST DATE	OTHER TEST RESULT/DATE	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

SELLER/OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ WITHIN (5) FIVE BUSINESS DAYS OF THE DATE  
OF SHIPMENT A COPY OF THIS INTRASTATE MOVEMENT SHALL BE MAILED OR FAXED TO THE DIVISION OF ANIMAL INDUSTRY, P.O. BOX 7249, BOISE, IDAHO  
83707-9985, FAX NUMBER 208-334-4062. DISTRIBUTION: WHITE COPY - STATE OFFICE GREEN COPY - SELLER/OWNER CANARY COPY - BUYER/RECEIVER